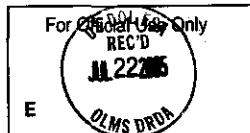


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expire: 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 140.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>1374</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Earl</b> <b>J</b> <b>Kruse</b> P.O. Box, Bldg., Room No., if any Street <b>11524 S Vienna Avenue</b> City <b>Palos Park</b> State <b>Illinois</b> ZIP Code + 4 <b>60464</b>	4. Name, file number, and address of labor organization. Name <b>Roofers, Waterproofers &amp; Allied Workers</b> Labor Organization File Number <b>000-135</b> P.O. Box, Building and Room Number, if any Street <b>1660 L Street, NW Suite 800</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20036</b>
5. Position in labor organization. <b>President Emeritus</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <b>Earl J. Kruse</b>	On <b>07-14-05</b> Date	<b>(708) 448-2888</b> Telephone Number

Name of Person Filing <b>Earl Kruse</b>	File Number U- <b>1374</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name <u>ULLICO Inc. &amp; Union Labor Life Ins. Co.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>111 Massachusetts Avenue, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
	<b>12.a. Nature of interest held or income received.</b> Director fees and fees for attending Directors meetings. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12.b. Amount.</b> <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">\$9,500</div>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

*Attachment to Form LM-30*

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**Disclaimer Example**

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

*Earl House*

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Signature

*7-14-05*

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Date